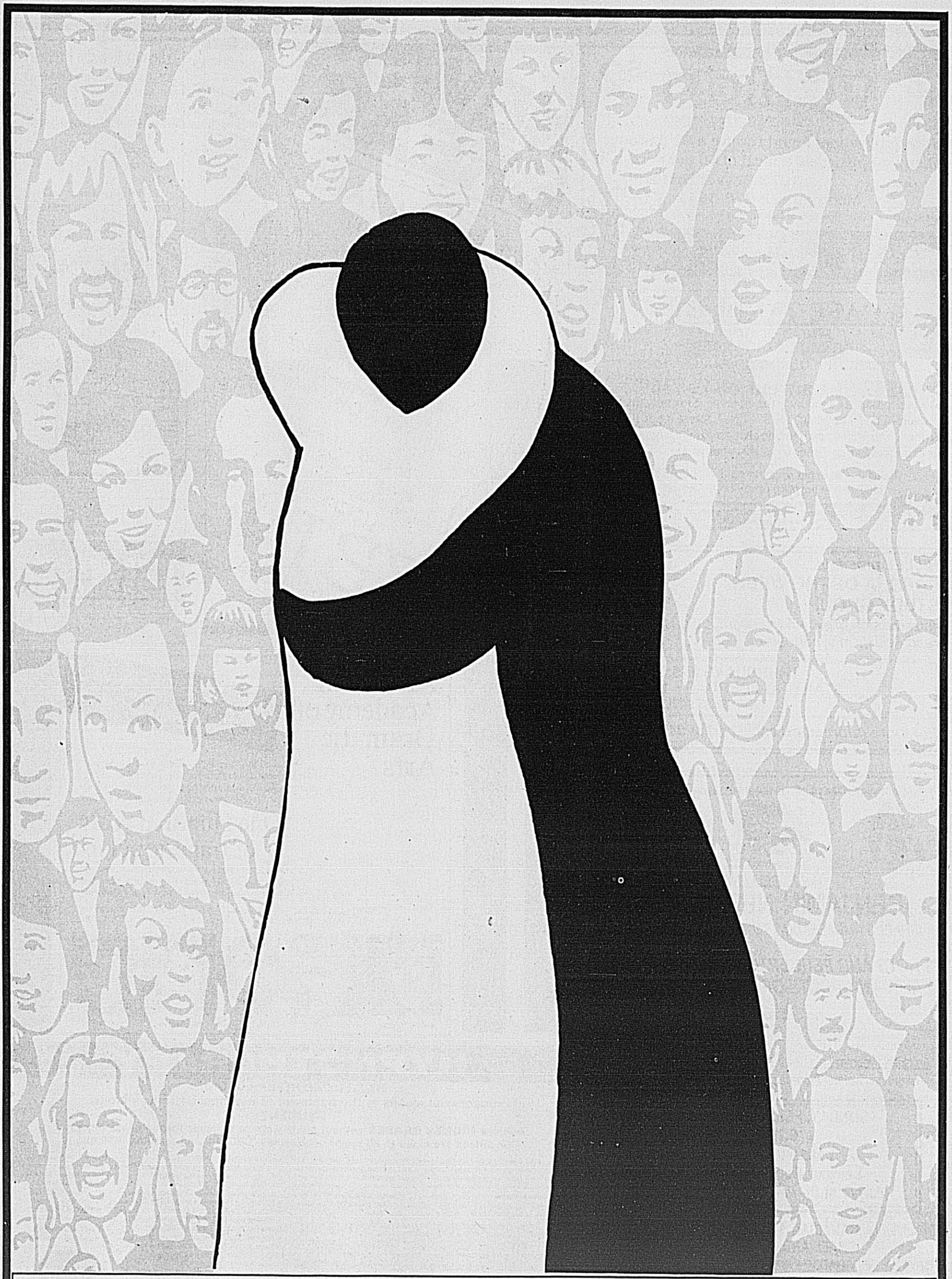

McGill Daily Science Edition — Special A I D S Issue

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since 1911

Names Project commemorates those who have died of AIDS

comment

This week marks AIDS AWARENESS WEEK at McGill and we at the *Daily* feel the topic more than warrants this special issue. It is now almost ten years since the medical and gay communities awoke to a pattern of odd skin cancers and pneumonia killing young men. A decade since first becoming aware of an insidious and complex disease that would ultimately become know as AIDS (Acquired Immune Deficiency Syndrome). Little could they know how enormous and devastating a problem AIDS would become.

Because of fear—fear of sexuality, fear of death, fear of the unknown—the virus seems to have attacked more than the immune systems of its victims. It has wreaked havoc upon the foundation of Western civilization. In the name of public protection, bigotry, hatred, violence and guilt have been heaped upon the *victims* of the disease. Human rights, hard fought for and won, have been ignored and suspended with chilling implications for all.

Our actions and attitudes over the past ten years will be more than a mere footnote in history. Our behaviour in the face of AIDS has been very telling and it will be judged.

Fortunately, attitudes are changing and the perceived fringe groups of gays, IV drug users and hemophiliacs are no longer being left to care for themselves. We still have an opportunity to inform ourselves about AIDS, and to respond to the problem.

This *Daily* issue, under the banner of *Special AIDS Issue*, reflects the fact that the disease has gone beyond simple medical issues to encompass major social dimensions. For only with knowledge will we attain the compassion that will allow history to look back upon us as the civilized society we seem to think we are.

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INSIDE

A community responds

by Angela Chapman

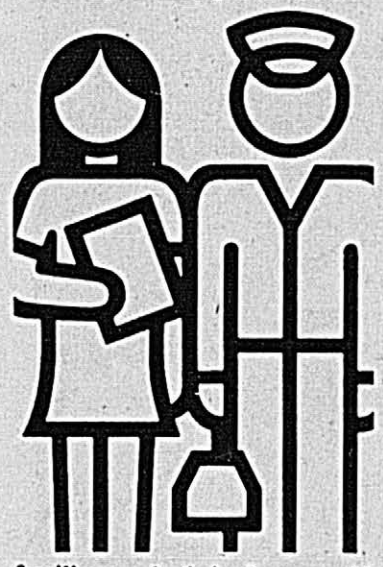
Québec's 1977 Bill of Rights made Montréal more hospitable than most North American cities to the gay community. But the subsequent immigration of gays from the United States and other provinces left the Montréal gay community disproportionately anglophone. The AIDS scare has made many anglophone volunteers concerned that contact with English hospitals is inadequate.

In response, AIDS Community Care-Montréal (ACCM) was formed, providing support exclusively for anglophone AIDS patients.

The group was originally part of the federally and provincially funded Committée SIDA Aide à Montréal (CSAM). Unable to resolve the language problem within CSAM, the seventeen anglophone volunteers decided to form another group.

"As a mandate amongst ourselves, we obviously do not discriminate on the basis of language, or anything else," said Dave Shannon, a coordinator of AIDS Community Care. He said there were disadvantages to forming the all-volunteer splinter group, such as the loss of government funding and counselling resources.

The organization coordinates a volunteer "buddy" system to provide personal care for patients. The system provides patients, their



families and their lovers with "psycho-social support, a listening post and information source," said Shannon.

The volunteer "buddies" undergo one full-day training session, learning active listening skills and the bio-medical aspects of AIDS. Active buddies meet bi-weekly to discuss their pairs' situation and, if need be, "rally around a particular patient."

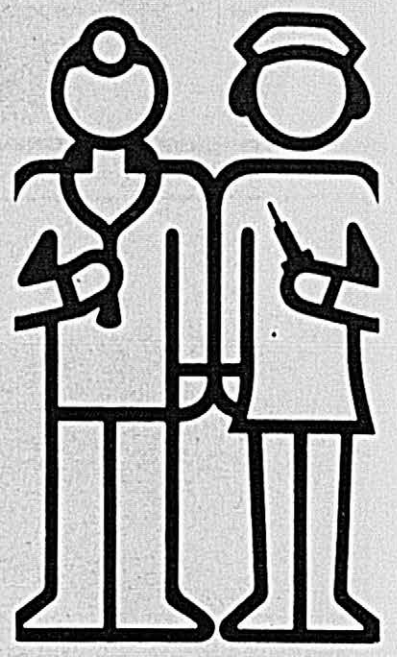
Shannon said the introduction of life-prolonging drugs, such as AZT, has changed the buddy's objective. The emphasis has shifted to helping patients "to live with AIDS as opposed to just dying. It is going to make it harder for the buddy ultimately. There is a much more bonded relationship."

Yet Shannon said caring for AIDS patients is more "angry-making" than it is depressing. He said the group acts as a support group to promote patients' dignity, where "hospital staff are not adjusted to the disease."

Although "intensely rewarding," the buddy system is emotionally demanding. Volunteers pair with at most two patients from beginning to end. "The attrition rate is enormous," reported Shannon, adding "we are always looking for more [buddies]."

"Volunteers range from university students to senior citizens—both straight and gay," he said.

Those interested are encouraged to contact ACCM at 939-0075.



Ten years down the line

by Susana Bejar

'AIDS a Major Social Issue of our Times' was the title of a lecture given Tuesday by Dr. Julian Falutz, chief of the AIDS project at the Montréal general hospital.

"Its impossible not to look at television, radio, news,etc, everyday without hearing something about AIDS,"opened Falutz,"It's a very now topic."

According to Falutz, AIDS is the number one cause of death in single men in the U.S. between the ages of 20 and 50. It is the number one cause of death in single women in New York city aged 20 to 35. And it is one of the top five killers of the population as a whole.

There are approximately 1450 AIDS victims in Canada. There are 50 000 in the U.S. "Canada is about three years behind the U.S. in terms of this disease, and we have only ten percent of the population they do,"said Falutz,"considering these factors our figures are not as different from theirs as we would like to think."

Over the next 10 years AIDS will cost the U.S. roughly $50 billion, said Falutz. "Not to mention the lost productivity of individuals who are infected right now,"he added.

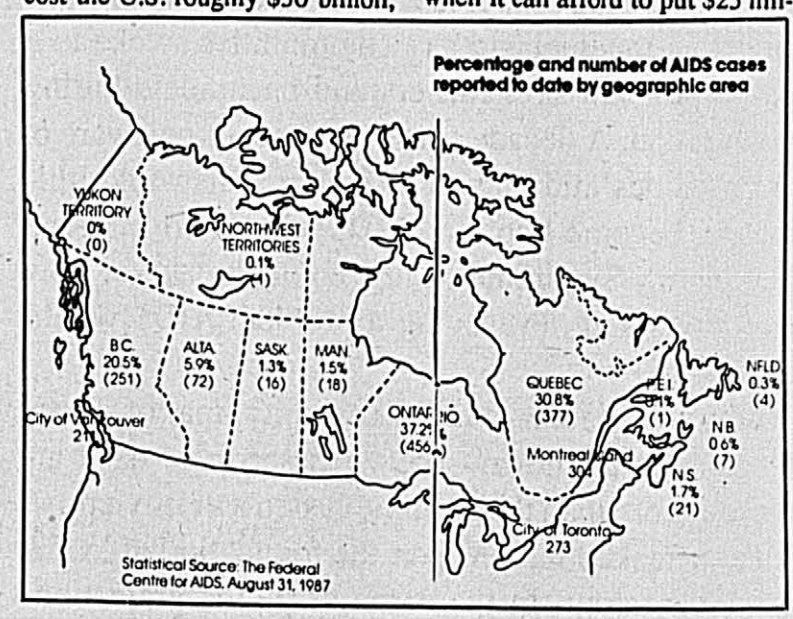
"AIDS is an enormous problem, which although might not have significant impact on our lives now, will in 10 to 20 years,"said Falutz. For every one person diagnosed with aids there are 50 to 100 who are carrying the virus but do not yet manifest the symptoms. 30 to 50 thousand men in Montréal have been exposed to the AIDS virus. It is estimated that 60 percent of these will develop symptoms.

"Even if we are off by 50 percent. Even if only ten percent of these men develop AIDS, there will still be 10 000 more victims in Montréal in the next few years. And no one is prepared or preparing to deal with it," said Falutz.

John Johnston, Executive director of the Montréal Extended Care Center, spoke out from the audience against the Canadian government's inadequate response to the AIDS problem. Johnston presented statistics comparing Canada with France. "Canada has a rate of 57.7 AIDS cases per million. France has a rate of 36.3 per million," he said. "The Canadian federal government devoted a sum of $39 million over four years. The French government devoted $209 million for 1988 alone. On the same basis as France, Canada should be spending $92 million per year as opposed to the $10 million it has currently set aside. Especially when it can afford to put $25 million into something like horse breeding, as it has just announced it will."

"AIDS is the biggest challenge to our commitment to human rights that we have in this hemisphere,"said Dr. Margarot Somerville, Director of the Centre for Study of Medecine, Ethics and Law at McGill, who was a panel member during the discussion that followed the lecture.

"AIDS patients don't just have to deal with their own condition. They have to deal with everybody else's fears as well," said Dan Rice, an AIDS patient who sat on the panel. "Everybody should know what this disease is about. Know how you can get it and how you can't. And deal with it."



Hospice underfunding

by Caroline King

Montreal supporters for an AIDS hospice are having more difficulty raising funds than their Toronto counterparts.

Project L'Chaim (Life) is the name given to the venture to convert a downtown rooming house into a home for AIDS patients who have been abandoned by family and friends.

"We want to give people who have no money and nowhere else to go a place to die with dignity," said Dennis Hadley, director of Nazareth House, the small, independent faith organization that is running the project.

But, unless new life is breathed into fundraising efforts the home may not be ready for the proposed April first opening.

Because the 'hospice' is a private venture relying exclusively on support from private, religious and business sources, it has been having difficulty meeting deadlines. Originally scheduled to open in January, Hadley now hopes "we can get everything together for April 1. We're going ahead as fast as we can, but it's a lot slower than we thought."

The story is very different at Casey House, a Toronto hospice, where fundraising efforts have been large scale and very successful. According to Dave Shannon of the AIDS Task Force at McGill, part of the problem is that fundraising in this city is badly organized. "Casey House has become subject in Toronto, and it's accepted. Fundraising is more adept there, aimed at the whole population. In Montréal, fundraising for AIDS is aimed only at the gay population and that's not going to do the job."

Casey House also receives financial support from the city of Toronto. The municipal government in Montréal backs Project L'Chaim in theory and it initially offered nurses from the municipal home care units, but it has not yet made any direct financial contribution.

And Hadley wants to avoid having to ask for it. "It's against our principle to take government money," he said. "I don't want to sound churchy, but our main purpose is to be a witness to God's Children. As soon as you start operating with government money you become a witness to the government."

"You can't rely on government funding either," he added, "one year you may have it, and the next year it's not there."

Hadley does realize however that the AIDS home will require a stable fund to pay the necessary basic medical staff, but he hopes the project will be able to survive outside of government support just as Nazareth House has the past fourteen years. "Fundraising is part of our work," he said. "It's what we do an we keep going."

Club K.O.X. is running a Casino night Sunday, February 14 during tavern hours (16h-23h) to raise money for Project L'Chaim.

AIDS awareness: silence = death

Clear water passing
our mouths unafraid to breathe,
and to speak freely.
—Janice Mirikitani

Most people are shocked when they discover that even one student at McGill has AIDS

by Robert Strazds

The personal and political issues surrounding AIDS are inseparable.

Those of us who resist the attempt to divide these issues face a curious challenge when we act on the belief that only through education can we prevent widespread infection and mass hysteria. It is not so simple a matter as even a 'straight' forward presentation of facts, since the very findings of medical research tend to contradict each other, and have from the beginning been charged with extra-medical implications that have distorted the facts themselves.

From the time of its discovery, not days, weeks or months, but years passed before AIDS became a household word and a media phenomenon, spurred on—let us admit this at once—by fears that the virus was 'contaminating' the heterosexual population. The ACT-UP slogan, 'Silence = death', is an accurate indictment.

This silence weighs heavily, at McGill as in the surrounding community.

It is a curious challenge to be a gay man whose gay brothers have died or are dying, and to be advised restraint as a concession to public mores and public fear. The standard educational line is useful—"AIDS is not a gay disease; the issue of sexual morality is an entirely different front of the battle; just tell the facts; lighten up; don't be scary; make condoms seem fun."

But this does not reflect the full nature of the crisis. Essentially, the media-manufactured link between AIDS and perverse (i.e. gay) sexuality exposes the true face of ignorance and bigotry—something gay women and men have long known first-hand.

My anger, which is not widely shared, at least not here at McGill, is at the root of my 'awareness'. If this cannot be conveyed, consider at least some facts: There are some students at McGill who have AIDS; there are many more who test positive for the HIV-antibody. They are in your classrooms, they breathe the same air.

Silence equals death, yes, but there are enough people who have arrived at their own conclusions about AIDS. What they say cannot be taken lightly, nor ignored. "Fucking fags are ruining Québec with AIDS" is just one example of bathroom graffitti on campus. "You hang around dogs, you get fleas" is the charming metaphor used by the president of a McGill student association. A student councillor said to another, in my hearing, fully aware that I was writing this article, "AIDS? I don't got it, fucking A." Is this to laugh? And am I being tactless, or too tactful by not naming names?

But this selection is representative of only one level of response. The Students' Society, for example, has on the whole been supportive of the AIDS Task Force mandate. VP University Affairs Maria Battaglia, a Law student who sits on Senate and the Board of Governors, has given valuable legal advice and is informed, compassionate and understands the way governing bodies operate.

"The AIDS Task Force is a good example of concerned McGill students who have organized to inform the McGill community about the facts," she said. "The dissemination of information is the best way to prevent the spread of this dreadful disease." A central issue at McGill involves the possibility of pressing the administration to expand existing health guidelines to protect members of the McGill community who have AIDS, or test positive for the HIV-antibody, as many universities in Canada have done already.

In a long discussion, Dr. Tellier of the McGill Health Services gave some reassuring answers to questions of direct concern to students. Testing for the HIV-antibody is available, students have taken it, and positive results are not reportable to the Public Health nurse (though AIDS itself is).

On the whole, Health Service does not recommend taking the test, for a variety of reasons. Most importantly, whether the test results are negative or positive, all individuals are strongly encouraged to protect themselves and their partners. A negative result might engender a false sense of security. Conversely, a positive result could cause stress more damaging to the health than the mere fact that the virus has, as it were, left its calling card.

A woman who fears she has had sexual contact with a member of a 'high-risk' group and wants to become a mother is encouraged to take the test for preventative reasons. For diagnostic purposes, an individual who exhibits symptoms such as lymphadonopothy (swollen lymph nodes in more than one location of the body), chronic diarrhea, inexplicable weight loss, and so on, is also encouraged to take the test. But the emphasis always falls on self-education and protection.

We discussed frankly some of the more virulent forms of hostility, as in the matter of the Nova Scotia schoolteacher and the American schoolchild, who were both driven from their respective institutions because they were AIDS carriers. I asked Dr. Tellier that in the event it became commonly known that members of the McGill community had AIDS, how would the administration respond if the same reaction occurred here? Is there a need to alter the present guidelines to protect such individuals from discrimination? "On the level of high politics, whether any policy would be effective is questionable," he said.

If AIDS is reportable to the Public Health nurse, while testing for the antibody isn't, what are the implications of the recent federal move to legislate lack of distinction between the two? What if foreign students were required to take the test, and what would be the basis of exclusion? Tellier's response to these rather thorny questions was that illness itself is not a basis for discrimination, and that it ought to be taken for granted that AIDS is not a virulent bug, nor a highly contagious form of pox.

Tellier stressed the importance of AIDS research and the potential for finding cures for other diseases such as cancer. He congratulated the AIDS Task Force for its efforts to inform the McGill community and gave this advice: "Deal with AIDS as a disease. It is often mixed with sexuality and feelings of insecurity about being gay. AIDS on its own is dangerous enough."

It is painful to state the obvious: but the bulk of AIDS education has come from the same angry men and women who appear to pose such a threat to the public image. They used existing organizations that had sprung up in direct response to social hypocrisy and bad faith. They started support groups, information campaigns, lobbies, fundraising events. They spoke in the face of death, which is not a statistic when it wears the face of someone you love. The AIDS Task Force is no exception. Without Gays and Lesbians of McGill the organization simply would not exist. If their battle had not already been fought and partly won, we could not fight this one.

A range of individuals, from compassionate professionals to concerned students, are taken aback when they discover that even one student at McGill has AIDS. If even one student is silenced because of fear, if even one is lead to believe that indifferent or hostile attitudes prevail, how shall we become aware? Who is to speak for you, to you, to your fears, your anguish, your isolation?

Awareness is not an easy matter. I hardly expect all members of student government to be informed and compassionate, let alone the students they represent. Nor do I expect a medical official to point a finger at the establishment and say, "Yes, if we'd responded as rapidly as we like to think we did, but a good two years earlier, some of your friends might still be alive."

hyde park

AIDS awareness week

The biggest lie that is being told in society today is that gay men are the highest risk group for catching AIDS. This thought provoking notion comes from a performance artist from Toronto named Jeff Kirby. The problem is that almost everyone—including gay men—has come to accept this lie as fact. Not only is this a problem... it is a dangerous concept that will lead to unnecessary deaths. The mind-set of most people today is that they are somehow immune to the disease if they happen to identify themselves as heterosexuals. The fact is, though, that unsafe sex will transmit AIDS as easily between a man and a woman, as between two men.
Therefore, people who are sexually active, who do not practice safe sex are at the highest risk of catching AIDS, whether they are gay or non-gay.

Gays have been learning how to protect themselves since the first days of the crisis. The rate of growth in the number of gay men getting sick with AIDS is falling. The rate of growth in the number of heterosexuals getting sick with AIDS is growing. If you should read anywhere that heterosexuals are not at risk... ignore it. It simply isn't true.

The McGill AIDS Task Force has sponsored an AIDS awareness week since Monday. Hopefully, you took advantage of our displays and information. The Task Forces' main goal was to expose the lie that opened this article. We have used different terminology and perhaps more diplomatic prose. We will keep repeating the message in as many ways as possible until it is understood.

Tino Corsetti
McGill AIDS Task Force

feature

Retroviruses

Unlocking the mysteries

by Marie Potvin

Ten years after many scientists thought human retroviruses didn't even exist, they have become the focus of much scientific research. Human retroviruses have the unique ability to form intricate interrelations with human cells which in some cases can lead to complex and devastating diseases, such as leukemia, and AIDS.

It is the nature of the AIDS retrovirus HIV-I (Human Immunodefficiency Virus-I) which makes the disease so difficult to understand, to prevent and to cure.

A simple virus consists of nucleic acid, in the form of either DNA or RNA (the information storage molecules of all life), surrounded by a protein coat. The nucleic acid holds the genetic information necessary for the virus to reproduce itself. While the protein coat specifies the virus' host range and protects it from the environment.

Viruses are incapable of reproducing on their own as they lack all the necessary cellular machinery. When a virus encounters a suitable host it adheres to its surface, and then (in most cases) injects its nucleic acid into the host cell. The nucleic acid then commandeers the host's cellular machinery in order to reproduce itself.

The cell will then, in most cases, lyse (burst), releasing thousands of viral progeny. As a result of this reliance on the host's cellular machinery, viruses areoften called 'obligate intracellular parasites'.

Retroviruses are RNA-containing viruses which have, in addition to the basics, reverse transcriptase, an enzyme (unique to retroviruses) which enables the virus to transcribe its RNA into DNA. This enzyme allows the virus to circumvent the traditional *central dogma* of molecular biology. Usually, genetic information flows only from DNA to RNA (and finally to protein). RNA generally plays an intermediary (transport) role between DNA and protein—not so for retroviruses. In retroviruses reverse transcriptase uses the viral RNA as a template for making DNA.

This DNA may then become incorporated into the host genome (DNA) where it can replicate along with the host for generations without ever causing disease. Exactly how this happens is one of the most fundamental questions in retrovirus (including the AIDS virus) research today. The virus will remain inactive (and dormant) until the affected cell is stimulated in some way (possibly by another infection), causing the viral genes to hop off the host DNA and replicate as any other virus.

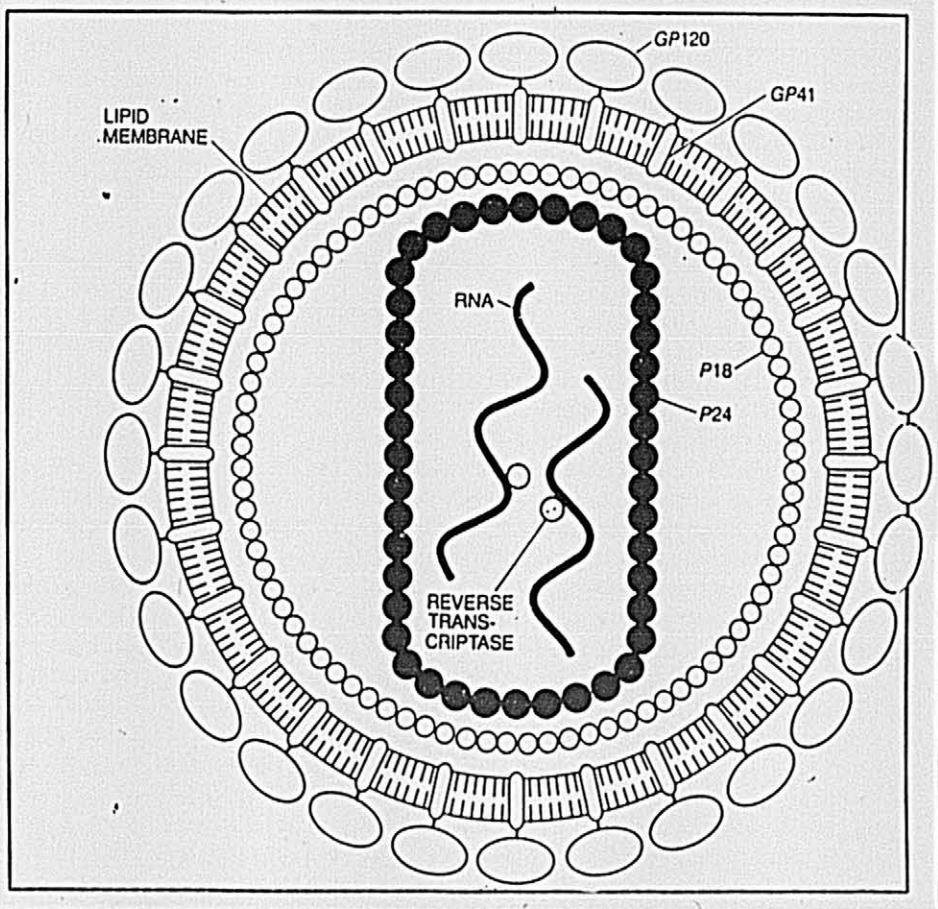
The AIDS retrovirus HIV-I goes straight to the heart of the immune system. It attacks the T4 helper cells (a specific type of white blood cell), which orchestrate much of the immune response. Normally the T4 cells make up 60-80 per cent of the circulating T-cell population. In AIDS patients they can become too rare to be detected. Normally these T4 cells stimulate the proliferation of other cells (in the immune system) which help to destroy a specific antigen (foreign element). Without them, the immune system is greatly weakened, leaving the body vulnerable to other infections.

Besides T4 cells, the immune system produces T8 cytotoxic cells, which are responsible for actively seeking out and destroying virus-infected cells. To do this, the T8 cell must recognize a viral antigen as well as the person's own MHC (Major Histocompatibility Complex) protein which are found on the surface of the cell. MHC's are found on almost all cells in the body and differ from person to person. It is thought that the AIDS virus is capable of altering a cell's MHC after it has entered the cell. The cell would then become unrecognizable to the T8 cell and avoid destruction.

T4 cells themselves have receptors which recognize foreign antigens. This recognition is a necessary step in the immune process, for it triggers the proliferation of defense mechanisms against the specific antigen. HIV-I is capable of disrupting the ability of the T4 cell it has infected by altering its receptor for MHC protein.

HIV-I contains a gene known as the *tat* gene which, among other things, makes a product causing superactivity. This makes the virus replicate 100 times faster than any other. This leads to some inaccuracy during replication which can cause mutations of the virus. This process, known as antigenic drift, is quite beneficial from a viral point of view. By continuously altering the virus slightly, the antibodies which have been produced to recognize the specific viral antigens become less effective.

As intensive AIDS research continues, more peculiarities of HIV-I are being discovered. Only by understanding the extraordinary complexities of this retrovirus can we ever hope to conquer this disease.



Artist's conception of the HIV virion

Life and death experiments

Toxic side effects now limit the use of AZT to fight AIDS

In the battle against AIDS, a number of experimental treatments have recently been developed. AZT—the only drug treatment that has been governmentally approved in Canada and the U.S.—has drawn increasing criticism for its toxic side-effects. But alternatives to AZT are being developed that according to many groups warrant more attention than is currently being given to them.

by Mathew Copas

In the three basic categories of treatments—governmentally approved, experimental (otherwise referred to as 'alternative' treatments), and holistic—AZT is the only AIDS treatment that has found wide-range acceptance within the medical and scientific communities. It is an anti-viral drug more accurately known by its generic name as zidovudine.

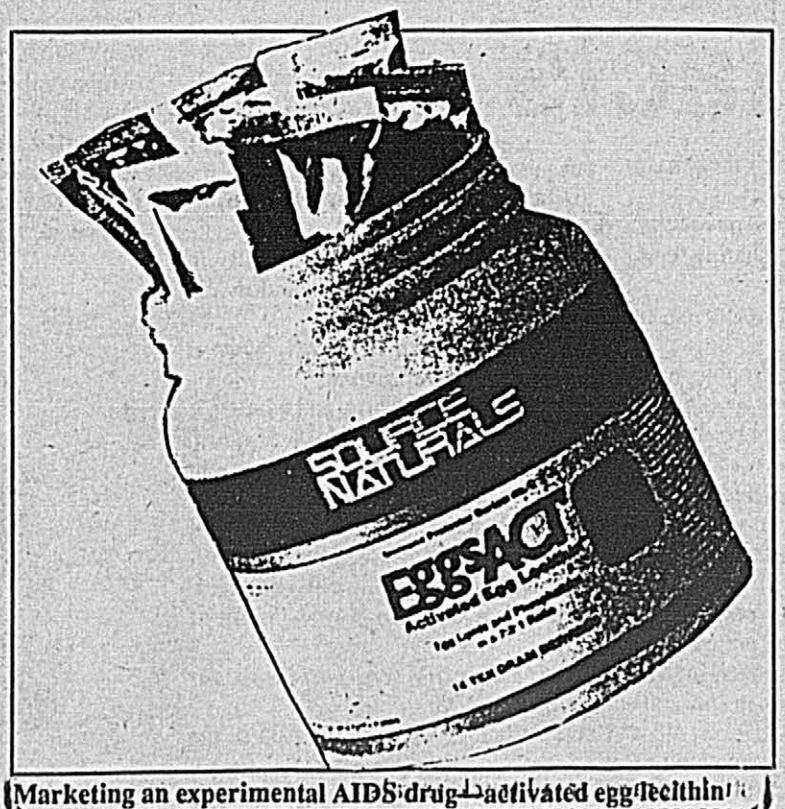
Toxic side-effects

In discussing AZT's toxic side-effects, Professor Peter Duesberg, a scientist at the University of California at Berkeley, recently referred to the drug as 'poison'. "AZT hits all DNA that is made," he said. "It is hell for the bone marrow where the T and B cells (of the immune system) and all those things are made.... It kills normal cells quite extensively."

But, according to Falutz, "AZT has shown to be effective for people with AIDS to improve their short-term outcome. They have an improved quality of life and they live longer than people who are not treated with the drug. The problem is that there are side-effects with AZT, the major one being anemia—the decrease of a type of white blood cell necessary to fight off infection."

Because of these side-effects, AZT has come under increasing fire, particularly in the U.S. This has prompted one group, the National Gay Rights Advocates (NGRA), to initiate legal action against the Federal Food and Drug Administration (FDA). The group wants the FDA to approve or initiate more studies of other experimental drugs such as AL 721. Similarly, in California, where incidences of AIDS and AIDS-related complex are high, the state government wants to test and license drugs without waiting for the FDA's approval.

Several experimental drugs similar to AZT are presently being studied. Like AZT, they are nucleoside (a main constituent of all nucleic acids such as DNA) analogues. One of the AZT-related drugs that has received favorable attention is DDC.



Marketing an experimental AIDS drug—activated egg lecithin

Halting AIDS virus replication

In a recent *New Scientist* article the technical characteristics of nucleoside analogues were described. "Nucleoside analogues act by preventing HIV (Human immunodeficiency virus) from integrating its own genetic material into the genes (DNA) of its host. When synthesizing DNA, a human cell incorporates molecules called nucleosides into the growing strand of DNA. When HIV takes over a cell, it also needs nucleosides. Drugs such as zidovudine or DDC substitute for the natural nucleosides. Once the virus has taken up these substances, they prevent further synthesis of the DNA."

It added that DDC halts replication of HIV at about "one-tenth of dose required with zidovudine." This could mean a substantial money saving to AIDS patients, considering that AZT costs roughly $7,000-10,000 (U.S.) per patient per year. However, recent tests studies indicate that DDC may not be as promising as it originally appeared to be.

Said Falutz, "It (DDC) seems to have trouble. It doesn't seem to be doing what it is supposed to be doing. It doesn't get into the central nervous system (which AZT does). You need a drug that will penetrate the blood-brain barrier to have as wide and beneficial an effect as possible."

Popular experimental drug

AL 721 has probably received the most attention, both inside and outside the medical community. Still, there is some skepticism within the medical profession as to the value of the drug. "No other drug is even remotely going to be approved because no well-designed scientific study has shown any other drug to be of benefit," said Dr. Julian Falutz, an assistant professor of medicine at McGill, based at the Montréal General Hospital.

Like the nucleoside analogue drugs under study, AL 721 (probably the most popular drug among those using alternative treatments) has potential anti-viral properties. Preliminary tests of AL 721 at the Memorial Sloane Kettering Cancer Center (in the U.S.) indicated that the use of the drug produced a decrease in HIV levels among AIDS-related complex patients. No long-term information is available yet on AL 721, and the number of tests done are, by medical standards, inadequate to justify general acceptance of the drug.

Said Falutz, "What has happened is that it has been studied in a number of places, but it has not been looked at in a scientifically precise manner. To make any judgement based on isolated reports would be misleading.... It's being tested, but so far there's nothing to suspect that it's better than anything else."

Unlike many other drugs, experimental or governmentally approved, AL 721 is a lipid-based drug. It is a form of lecithin and consists of a mixture of three substances taken from ordinary egg-yolk. Like other experimental drugs, AL 721 is not a cure. Its potential value is in making it more difficult for lipid-based viruses, like HIV and herpes, to infect healthy cells (i.e attaching themselves to T-4 receptor sites on cells).

Many in the medical and scientific communties are skeptical of the drug, believing that once digested it would be separated into its various components and treated like ordinary food.

Other drugs in the news

Two other experimental drugs, Imreg-1 and Ampligen, are also attracting considerable attention. So far Imreg-1, "a naturally derived immunoregulator", has only been tested by the company that is developing it (Imreg Company of New Orleans). In the near future, several medical centers in the U.S. will begin studies of the drug, which Imreg Company officials described as having "no toxic effect"—a major disadvantage of AZT.

Ampligen, a mismatched form of double-stranded DNA, was studied by 22 researchers from eight American research centers. The results of their studies were published in *The Lancet*, a British medical journal. "In the short-term, Ampligen seems to have the dual ability to restore immunological function and to control HIV replication," the study said.

One new experimental treatment is a method of delivering aerosolised anti-biotics directly into the lungs of patients experiencing the initial stages of Pneumacytis carinii (one of the commonest AIDS related infections). But according to San Francisco doctors involved in its development, "the value of aerosolized pantamidine for treating P. carinii pneumonia can only be determined by a randomised trial comparing this treatment with other forms of therapy."

Approval of treatments uncertain

How soon any of these experimental treatments will be approved in Canada (if they are ever approved) partly depends on available funding and the degree to which federal and provincial governments have organized effective AIDS policies. According to David Cassidy, an AIDS liason at the Ville Marie Social Services Center, the federal government has been slow to approve new drugs, but that is "understandable."

"I think that they want to be protective, but I think that they could fund more studies to prove the value of these drugs." He added that the provincial government still has no AIDS policy. "They have no idea what the left hand or right hand is doing.... They're attempting to put this (an AIDS policy) together.

Falutz emphasized that drugs should not be approved without extensive study. He said, "Funds are available for several studies. We have to be selective as to what drugs we decide to test.... We'll test a drug on a lot of people. If you're going to test, it's better to do so on one hundred, rather than ten people."

AIDS chronology

by Alison Hunter

1910—First retrovirus isolated.
1959—One blood sample in Zaire tested positive for HIV antibodies.
1963—Blood samples of children in Burkina Faso (West Africa) test positive for HIV antibodies.
1969—First documented death from AIDS in the USA (recognized in 1987).
1970—Reverse transcriptase discovered.
1976—Discovery of interleukin-2 (allowed growth of T-cells in labs).
1978—HTLV-1 (first known human retrovirus) isolated (causes a rare leukemia).
1978—HIV antibodies detected in blood samples in USA (retrospectively).
1981 Dec—First cases of AIDS recognized among gay men and IV drug users in USA, some accounts data back to 1979.
1982—first cases of AIDS recognized in Canada, Australia.
1982—HTLV-2 isolated (also causes a leukemia).
1982 Dec—Haitians and hemophiliacs also recognized as risk groups.
Late 1982–early 1983—Robert Gallo of the National Institute of Health in Mariland obtains evidence of retrovirus in AIDS patients.
1983 May—Luc Montagnier and colleagues of the Pasteur Institute reported LAV (same as HIV), a retrovirus occuring in pre-AIDS patients.
1983—Growing awareness of AIDS problem in Africa.
1984 May—Robert Gallo and colleagues showed HTLV-3 (same as HIV) attacks T-cells and is prevalent in risk groups.
1984—AZT tests on AIDS patients.
1985 (spring)—Blood test for HIV antibodies marketed.
1985—Simian immunodeficiency virus (SIV or STLV-3) isolated in monkeys.
1985—HTLV-4 isolated (non-pathogenic, West African, could be SIV).
1986—HIV-2 isolated at Pasteur Institute (more similar to SIV than to HIV).
1986—First 'AIDS in Africa' conference boycotted by many African scientists.
1987—Second "AIDS in Africa" conference (increased attendance).
1987—HTLV-5 discovered in Italy (causes a rare lymphoma).

Mc

University of California Professor Dr. Peter Duesberg, a prominent AIDS researcher, shocked the medical community last July when he offered to inject himself with the HIV virus thought to cause AIDS.

According to Duesberg, the available data about HIV is not enough to prove that it causes AIDS. In a 1987 paper in the scientific journal Cancer Research, Duesberg implied that co-factors play important and crucial roles in the progression of AIDS. Other scientists have agreed with him.

by Sharon I. Forrest

His declaration reminded scientists that although more than 10 000 scientific articles have been published calling the Human Immunodeficiency Virus (HIV) the sole causative agent of AIDS, evidence remains uncertain.

A history of multiple infections seems to increase a person's chances of developing AIDS. These previous infectous agents, be they viruses, bacteria or parasites, have been called co-factors of AIDS by certain scientists. Much controversy surrounds the extent of the co-factor's responsibility within the disease process.

At the National Cancer Institute in Bethesda, Maryland, Dr. R. C. Gallo and co-workers showed that activated T cells (certain white blood cells of the immune system) are more prone to HIV infection than are dormant cells of the same type. In terms of the human body, this means that an immune system which has been previously challenged by microbes (potential co-factors) may be more likely to become infected by the AIDS virus.

The existence of co-factors could also explain some of the mysteries of AIDS, such as the variable latent period.

HIV may not be alone

McGill Professor Dr. Mark Wainberg, from the Department of Microbiology and Immunology, disagrees with Duesberg's ideas about HIV and co-factors. "No one will ever get AIDS without HIV", said Wainberg. "If a weak old lady is hit by a car, the chances of the accident being fatal are higher than if the victim was young and strong. The old woman's age and weakness may be a factor contributing to her death, but the fact remains that the cause of death was the car".

Translating the analogy, Wainberg said "In general, people with a background of numerous infections are more likely than others to develop full-blown AIDS". But HIV causes the disease.

Professor Peter Duesberg

What are co-factors?

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An impaired liver is
immune system.

A suspect bacteria

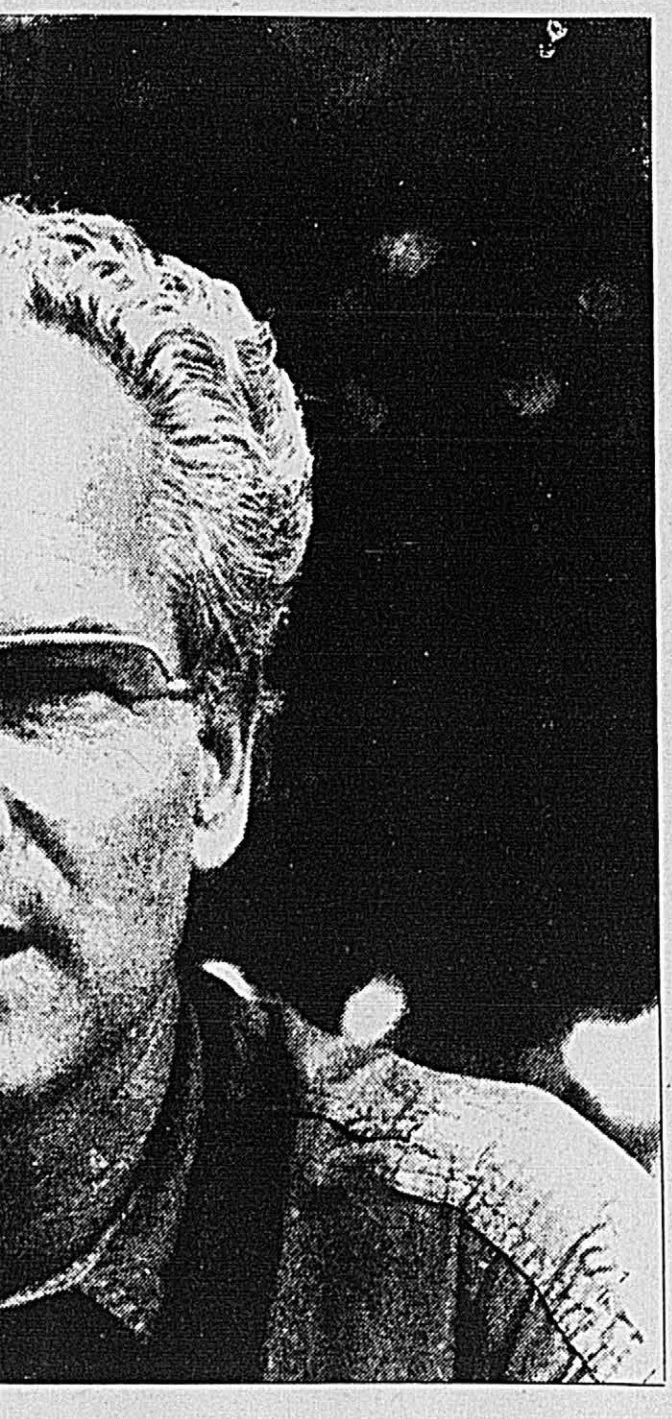
Other sexu

Fighting myths with facts

Myth: *AIDS is a gay disease.*
Fact: AIDS is not restricted to homosexuals. Diseases have no sexuality. There are no high risk groups as such, only high risk activities. Anyone can become infected with the AIDS virus by:
• Sexual intercourse: Any person infected with HIV can transmit the virus to another person through sexual activity where semen, vaginal fluids or blood enter the other person's body. Unprotected vaginal and anal intercourse are the highest risk activities; oral sex is also considered to be risky.
• Receiving infected blood: Sharing hypodermic needles or syringes for injecting drugs can pass infected blood from one person to another. Instruments that puncture the skin such as tattoo, ear–piercing and acupunture equipment can also be contaminated if not sterilized properly.
• Congenitally: An infected mother can infect her baby before or during birth. There are also rare incidences of transmission through the breast milk of an infected mother.
Myth: *If I give blood I can become infected.*
Fact: There is NO danger of contracting AIDS by donating blood. A new needle is used for every donation. The risk of becoming infected by transfusions of blood or blood products is extremely low, because strict testing procedures have been in place for all blood donations since November 1985.
Myth: *I can get AIDS by kissing an infected person, sharing his or her food or towels, or by using his or her toilet.*
Fact: While HIV has been detected in low concentrations in other body fluids such as saliva, urine and tears, these have not caused infection.
There is no evidence of transmission:
• through kissing, hugging, sharing food, towels, utensils, and linen;
• by shaking hands, crying, sneezing, or coughing;
• from toilet seats, doorknobs, telephones, urinals, swimming pools, hot tubs, office machinery, household furniture, insects or animals.
Myth: *As long as I use a condom I'll be safe.*
Fact: Condoms must be used correctly to be effective:
• use only latex rubber condoms;
• water based lubricants are recommended, as oil–based lubricants, such as petroleum jelly, may weaken the condom;
• spermicides are also recommended.
• only use a condom once.
• always hold the condom when withdrawing.
• studies have shown that especially in anal intercourse, condom breakdown is common.
Myth: *AIDS began in Africa, when a green monkey bit someone.*
Fact: It is not known how and where the disease originated., nor is it a particularly constructive question to ask when we are discussing the social costs of the disease. Epidemiologists have theorized about the relationships between HIV and similar viruses infecting simians in Africa. There is, however, no *proven* "point of origin".
Myth: *Testing HIV sero-positive means that I have AIDS.*
Fact: What is mistakenly called the

continued on page 10

ore than just a virus



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nema pallidum, the infecting agent of syphilis. Duesberg and a group from the John Hopkins Hospital in Baltimore have said that heterosexual African and homosexual AIDS patients are more likely to have (or have had) syphilis than uninfected heterosexual males.

But Wainberg does not support the syphilis story. "There are bacteria of all types which challenge the immune system, not just T. pallidum."

Certain sexually transmitted parasites such as Toxoplasma gondii , causative agent of toxoplasmosis, have also been called co-factors.

ally transmitted diseases may play a role in AIDS

Wainberg dismissed the idea of a parasite co-factor. "Parasites, especially those causing toxoplasmosis, are an example of one of the many opportunistic infections suffered by the immunologically supressed AIDS patients... Toxoplasma is often used as an indicator of AIDS, since it appears as the condition manifests itself".

Conflicting statistics

Duesberg admits that in 95 to 97 per cent of the cases of AIDS, HIV is present. But he refers to HIV as a good indicator of the disease, not a cause.

Wainberg corrects these figures, stressing that "100 per cent of AIDS patients have been infected with HIV."

In support of his theory that co-factors play an essential role in the manifestation of AIDS, Duesberg presents data showing that 75 to 100 per cent of AIDS victims have been infected with one or more of CMV, EBV and HSV.

To be infected with AIDS, one doesn't need multiple exposures to certain microbes, it takes just one shot of HIV

Everyone is exposed to the 'co-factors'

"This may be true," says Wainberg, when presented with Duesberg's figures, "but most people, in general, come into contact with probably all three of these viruses at some time in their life... 75 to 80 per cent of all people have been infected with one or more of these viruses."

Considerable discussion has surrounded the specific microbial flora which certain high-risks groups are exposed to. Africans frequently encounter a wide variety of micro-organisms and parasites in their environment, partially as a result of poor hygiene. And many gay men are exposed to certain mico-organisms as a result of anal intercourse. Many scientists, including Duesberg, have said that the particular microbes present in these situations provide the essential challenge to the immune system needed to pave the way to AIDS.

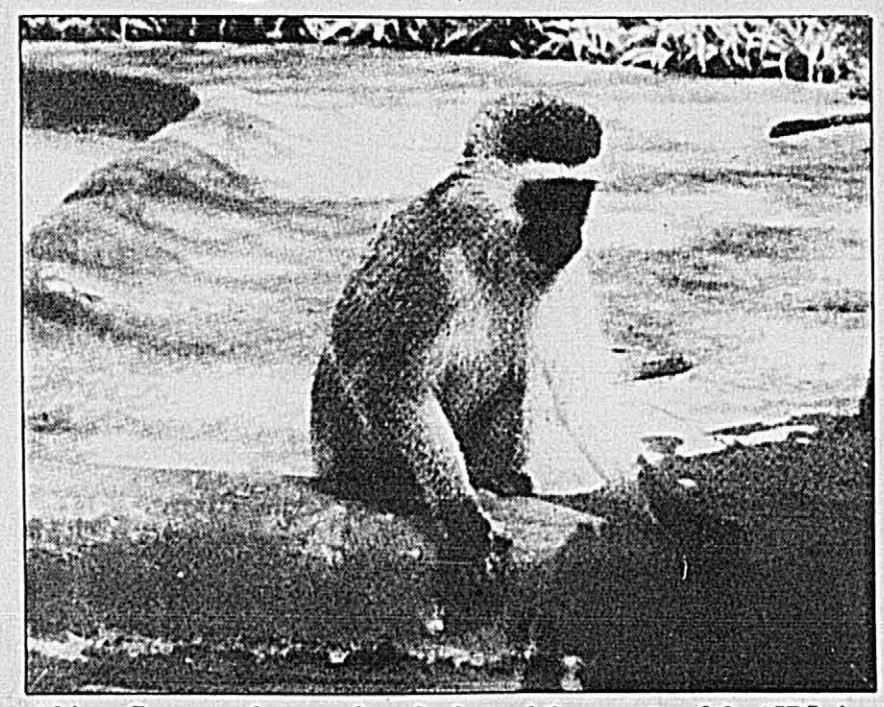
But according to Wainberg, "It is important to remember that these viruses (CMV, EBV and HSV) are, by no means, unique to the AIDS risk groups".

Co-factors not necessary

"There are thousand of cases on record where people, not in the risk groups, have been infected by a single heterosexual exposure to HIV," said Wainberg. "To be infected with AIDS, one doesn't need multiple exposures to certain microbes, it takes just one shot of HIV."

A wide range of theories now exist which attempt to explain the role of the co-factor(s). One popular hypothesis is that the cause of AIDS is multifactorial, happening is two separate stages. The first step involves immunological supression via co-factors and the second step is the action of HIV. Wainberg agrees with this theory in a limited sense. "Certainly, there is evidence that bacteria and other viruses suppress the immune system, however the so-called co-factors only play a role in the likelihood of AIDS occuring, not in the disease itself".

Original AIDS



African Green monkey may have harboured the ancestor of the AIDS virus

by Alison Hunter

Although considerable research efforts are being focussed on the medical aspects of AIDS, the origin of the disease and its causative agent still remain a mystery.

Was it the result of genetic engineering for biological warfare experiments by the CIA? Or by the KGB? Or worse, by the World Health Organization?

Did African tribes inadvertently introduce AIDS into the human population by injecting the blood of monkeys into a partner's pubic area as an aphrodesiac? Did bloody voodoo rituals contribute to the spread of the disease in Haiti? Is the virus a bit of interstellar junk transported to us by a comet?

All of these theories, with the exception of the comet hypothesis, have been seriously proposed.

The idea that the virus was created in the lab is easy enough to discredit. Blood samples with antibodies to HIV have been found as far back as 1959, at a time when recombinant DNA technology did not even exist. But some researchers are wary of accepting results from blood samples that have been thawed and refrozen.

But, it is difficult to ignore the case of a 16 year-old who died in 1969 after suffering from AIDS for at least 15 months. Basically, since genetic engineering techniques were still in their infancy at this time, it seems highly unlikely that HIV was created by the CIA, the KGB, the WHO, or anyone else.

The voodoo and aphrodesiac hypotheses only make their progenitors look foolish and questionably racist. As one writer put it, "the injection of blood is more conducive to intense pain than to sexual appetite." As for Haiti, the fact that AIDS has rapidly gained a foothold in one of the world's poorest countries is probably not a medical surprise.

The most credible theory suggests that HIV is a variant of Simian Immunodeficiency Virus (SIV). Humans presumably picked it up by eating monkeys that carried the virus (and not by any weird sexual practices). After its introduction into humans, the virus somehow was altered into its current lethal form.

This theory was bolstered in 1986 by the isolation of HIV-2, which infects humans, but is even more similar to SIV than to HIV-1. HIV-2 is concentrated in West Africa, and is perhaps not as deadly as HIV-1.

A large body of evidence seems to support the idea that AIDS originated in African monkeys. But this notion is not unchallenged. If we discount the early positive tests in frozen African samples, the case for an African origin is weakened. Why did the virus infect Americans sooner than Europeans? There is a lot more traffic between Europe and Africa than between North America and Africa.

Many African scientists boycotted the first 'AIDS in Africa' conference, some because of a refusal to acknowledge the problem, but also to protest having the 'blame' laid on Africa. Africa is a victim of the disease, and a particularly helpless one. It has neither the monetary resources nor the infrastructure to deal with AIDS effectively. Even if we can pinpoint the origin of the virus, no blame should be placed on any country or group.

news

Comforting the victims

by Brigitte Hébert

The isolation felt by AIDS victims is often not only an emotional burden but also a barrier to maintaining essential needs. Obtaining the bare necessities, such as groceries, becomes infeasible when one is terminally ill and too weak to venture out to Provigo.

Janet Forsyth, coordinator of volunteer services at the Centre de Santé Communautaire(CLSC) Homecare has set up a volunteer shopping program for AIDS victims. Forsyth, who also coordinates volunteer shopping for the elderly and the physically disabled, believes such a service is increasingly necessary for AIDS patients living at home.

Although Forsyth emphasizes that the aim of the program is "to provide a service only," friendships between volunteers and AIDS victims can develop.

In view of this, the Homecare project offers a one hour informational session prior to actual contact with the client. The session not only provides important knowledge concerning AIDS and how to spot and deal with nutritional problems. The centre also offers a code of ethics to maintain a smooth relationship between volunteer and patient

Once a volunteer is set up with a client, s/he then provides a weekly trip to the grocery store, depending on the needs of the patient. The interaction between the patient and volunteer is a source of comfort for the AIDS victim, and can also be enlightening for the volunteer.

The Homecare office is presently recruiting volunteers for the program. Although the program is still in its initial stages, Forsyth says there has already been good feedback from the local population. She added; "the solidarity within the gay community has provided an encouraging response."

The territory covered by the CLSC Homecare is situated from St.Laurent to Westmount and from the mountain down to Dorchester. Arrangements can be made to pair off a volunteer and an AIDS victim living in close proximity. If you have an hour a week to spare and are intersted in shopping for a worthwhile cause, please contact Janet Forsyth at 932-2616.

Volunteer shoppers needed for people with AIDS

got an hour a week?

...myths

continued from page 8

the"AIDS test" is in fact a blood test that detects antibodies for HIV (the virus commonly associated with AIDS). A sero-positive status means you have come into contact with HIV and that your body has attempted to build up an immunity to it (as with measles, polio, flu etc.). Experts feel that there is a 30-50% chance of developing AIDS within an eight year period of a sero-positive diagnosis.*

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(Information compiled from Health and Welfare Canada and the November Issue of Commentary)
**Center for Disease Control, Atlanta ; World Health Organization; Health and Welfare Canada*

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Staff meeting tonight at 17h00 in B-03. You can talk as much as you want without being interrupted. Unless someone decides on bringing up points of personal privedlege. Or other things of that ilk. Come.

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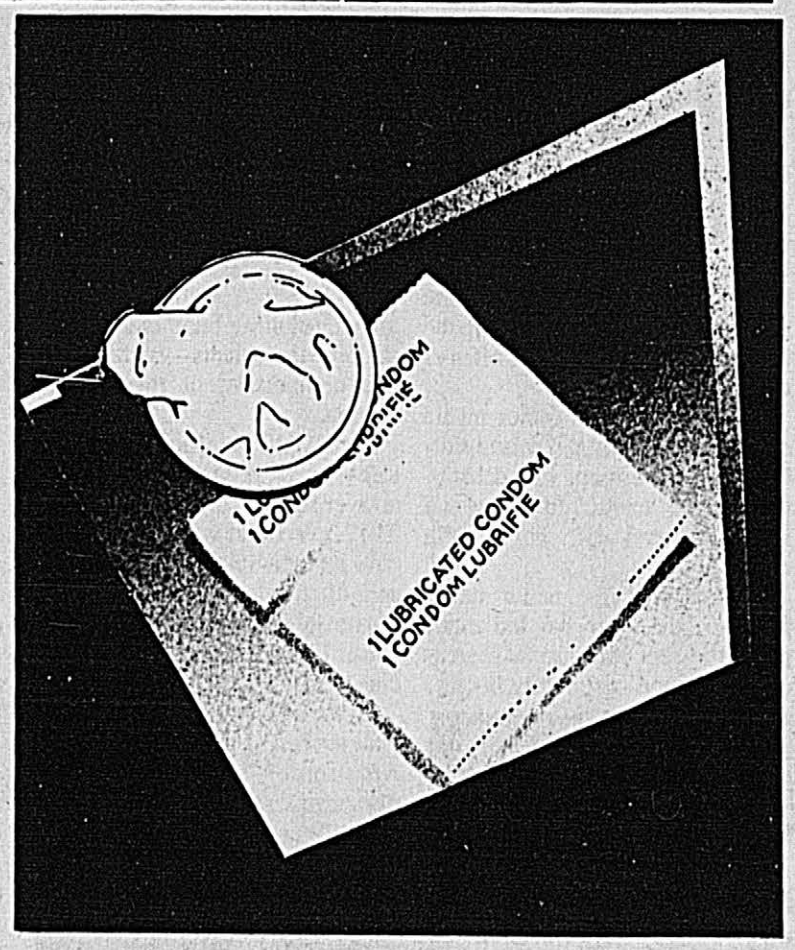
Science writers meeting, Friday, 17h00, B-03. All those involved in CKUT's Science shows more than welcome. Come see Dan be cute. Come see Paul watching Dan being cute. Bring a beer and see Dan get drunk. It's fun. Really!

Learning to live with latex



by Tino Corsetti

You have probably heard a lot about condoms lately. Using condoms during sex greatly reduces the risk of transmitting the Human Immunodeficiency Virus (HIV), the putative cause of AIDS. Despite this fact, people still come up with reasons not to use them. If any of these reasons sound familiar, maybe you should think again.

• *They are too expensive...I can't afford them.* Condoms are sold inexpensively at McGill Student Health Services (three for a dollar). Watch for sales at pharmacies. Also, some organizations periodically give away condoms to promote safe–sex.

• *It's too embarrassing to buy them.* Health Services and/or pharmacies don't think twice about selling condoms, so you shouldn't worry about buying them. Today, it is a sign of responsibility... not immorality.

• *I'm not gay, Haitian, or an IV drug user.* The virus doesn't care. If you engage in sex, and you don't use a condom, you may be exposed to the virus as well as many other sexually transmitted diseases. Your sexuality or nationality will not protect you.

• *Insisting on a condom implies that I don't trust my partner.* If you want to stay healthy, insist. Unless you know the complete sexual history of the person that you are sleeping with, you really have no idea of what he or she may have done. Try a humourous—but firm—approach to explain why condoms are so important to you and your partner's health. If the other person is not understanding, **then maybe you shouldn't be sleeping with them.**

• *Condoms reduce sensation during sex.* So true! But it doesn't have to stop there. Try dabbing some water–based lubricant on the head of the penis before you put the condom on. This will make it more pleasurable. After the condom is on, spend some time masturbating so that the penis has a chance to get accustomed to its new surroundings. This will increase sensation during sex.

• *I've never used one before... I don't know how to use one.* Don't wait until you are with that special someone to try a condom for the first time. Try putting one on while you are alone... mastubating with a condom is the best way to find out how to increase stimulation of the penis while the condom is on. Then you can share the good news with your partner the next time you have sex.

• *The condom dries out too quickly.* Always have plenty of water–based lubricant handy. The more slippery the better, and the risk of the condom breaking is greatly reduced.

• *Penis is too big... the condom keeps breaking.* Condoms are made to stretch... even over something as large as your fist. If your condom breaks easily, it might be the brand (in which case buy another), or it could be the lubricant. If you use an oil based lubricant (like vaseline or baby oil) the oil can react with the latex rubber of the condom and cause it to weaken and break. This is why using a water–based lubricant (like KY jelly) is so important.

Now hopefully you are convinced that condoms are a good idea and a logical part of safe sex. Safe sex is something that we all have to get used to... and it won't happen "overnight." Learn to overcome inhibitions and talk to a friend... hopefully the person with whom you are having sex about how to make safe sex fun. It is possible to be erotic without concentrating on the genitals exclusively. You have a long, long body... allow you and your partner(s) to discover it all.

AIDS and syphilis

The missing link?

by Caroline Garey

Over the past year, reports of syphilis—which had been declining steadily for the past twenty years—have suddenly begun to increase. Researchers have begun to search for reasons, and several studies link syphilis with AIDS.

Many relapses in those previously infected have also been noted. This dramatic rise in syphilis has come as a surprise to physicians. In this age of antibiotics its incidence had remained consistently low.

Syphilis is caused by Treponema pallidum, a sexually transmitted spiral organism. If contracted and not immediately treated, it will eventually lodge in the brain, possibly emerging as chronic cardiovascular, ocular or neural infection.

It is generally treated with benzathine penicillin, an antibiotic which interferes with the replication of the microorganism. The treatment has been very successful, as indicated by the low incidence of the disease.

However, a steady flow of case reports documenting treatment failures, particularly in patients with neurosyphilis, disturbed this otherwise hopeful scene. The result has been a debate about antibiotic dosage and the effectiveness of the treatment.

There are two possible explanations for the failure of established treatment methods. First, the organism may have developed antibiotic resistance, though there is no evidence of this. Second, it may be caused by an alteration in the immune status of the patient. The latter ties in the possibility of AIDS as a link to the recent increase in syphilis, especially neurosyphilis.

Unfortunately, the role of HIV infection and its associated immunocompromised conditions in relapse and/or initial infection of syphilis is unknown.

One Dr. D. Berry recently reported in the *New England Journal of Medicine* that penicillin treatment for neurosyphilis in an HIV-infected patient failed. He suggested that AIDS-related immunosuppression may permit the proliferation of the syphilis organism. Also, HIV infection coupled with an antibiotic inadequate in treating central nervous system infection allows relapse to occur. The interaction of AIDS and syphilis, then, may contribute to the ineffectiveness of treating syphilis with penicillin.

Berry suggested that HIV-induced immunodeficiency reduces the host's response to syphilis infection and facilitates its progression. This indicates that syphilis could be a complication of AIDS in the same manner as Kaposi's sarcoma or Pneumocystis carinii pneumonia.

Other more radical hypotheses have been put forward. Dr. Joan McKenna, a research scientist in Berkeley, California, believes the presence of HIV in AIDS patients represents infection with tertiary syphilis. She cites the fact that Dr. Robert Gallo, one of the co-discovers of the HIV virus, could only grow HIV on blood cells of a leukemia patient. In other words, there is no evidence that the virus can infect healthy T cells, only those that are immunosuppressed. Thus HIV may not be the 'true' causative agent of AIDS.

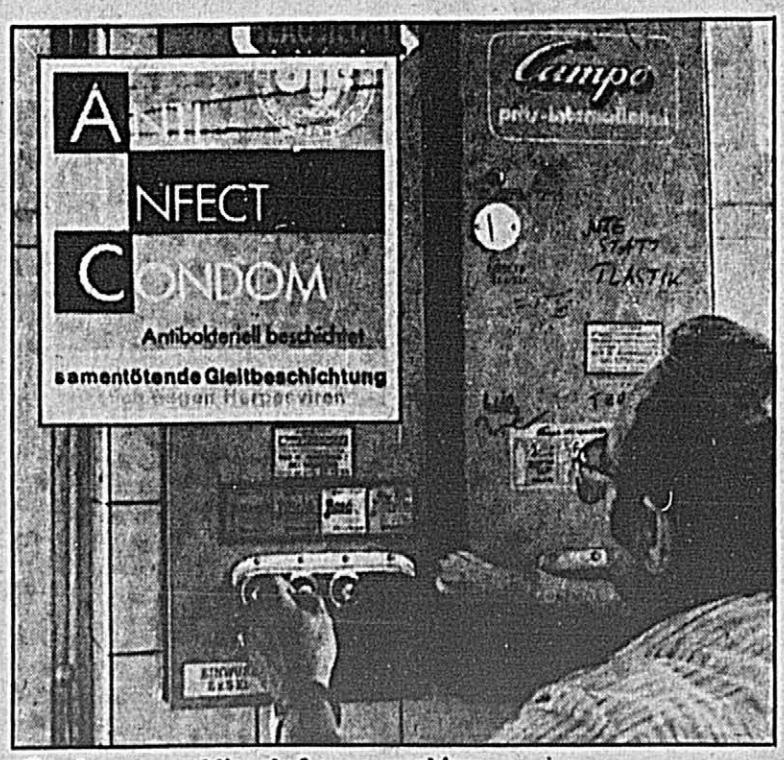
Both Kaposi's sarcoma and Pneumocystis carinii have been linked with syphilis. In fact the former was first identified in syphilis patients. McKenna feels that AIDS is not really due to HIV at all, but to Treponema pallidum. She supports her views with the results of autopsies on several patients diagnosed as having AIDS, which revealed an acute reaction to treponemes.

Similar conclusions have been reached by Salvatore Catapano, a retired technologist in New York. Upon studying the manifestations of Kaposi's sarcoma, it occurred to him that the sores looked like the lesions of syphilis. He too suggested that AIDS is really syphilis. But his evidence is scant, and few physicians take his views seriously.

Several points may be noted in connection with the AIDS-syphilis link. There is substantial evidence to support the hypothesis that syphilis lesions facilitate transmission of HIV, as a large proportion of HIV-infected patients bear markers of treponemal infection.

Damage to the epithelium (cellular surface such as skin), frequently seen in primary syphilis, may provide the portal of entry needed by HIV to reach the cells of the immune system.

It would then appear as if there is a definite link between AIDS and syphilis, despite the fact that many physicians are unaware of this recent hypothesis. Whether syphilis is the underlying cause of AIDS or merely another complication of the disease remains to be proven.



Condoms on public sale from a machine. Their use is strongly recommended for the prevention of STDs.

review

Fighting media negligence

by Tino Corsetti

People are often impressed by the amount of news coverage devoted to AIDS. Most rely on main-stream media for information about the disease, information that is often of questionable accuracy.

Unfortunately, our major media sources emphasize death and titillate North Americans with descriptions of the "exotic" lifestyles and sexual patterns of people with AIDS.

Frustration with media negligence of the issue has led many people to seek alternative sources of information—primarily books.

David Suzuki Talks About AIDS
by David Suzuki

Suzuki's ability to communicate science and medicine in terms that are clear, easy to understand, and yet not oversimplified makes *David Suzuki Talks About AIDS* one of the best books on the subject.

Through his explanation of the human immune system, he clarifies that the virus can only enter the body through blood and other bodily fluids. Several diagramatic representations illustrate the human immune response to infection, with the object of crushing popular myths of contraction.

Suzuki discusses various treatments available for people with AIDS as well as the search for a vaccine to protect those not already infected. The information is up–to–date, covering such drugs as AZT, an anti-viral drug that inhibits the replication of the virus and AL721. Unfortunately, AZT also inhibits the replication of many of the healthy cells in the body so patients can experience severe side effects.

AL721 is a compound known as egg lecithin which works by removing the cholesterol from the membrane around the virus rendering it unable to attach itself to the host cell.

Suzuki also details the various immunotherapy techniques available, including bone marrow and thymus transplants—both important components of the immune system.

Suzuki offers information about safe–sex as well as a question and answer section for quick reference. The book comes with an important caveat in that it is not to be used for self–diagnosis as the disease is impossible to diagnose without the use of blood tests done by a physician.

David Suzuki Talks About AIDS is described as an antidote to fear. After reading it, scientific fact replaces hysteria and the book illuminates the media's distortion of the disease for sensationalist purposes.

AIDS in the Mind of America
by Dennis Altman

It is impossible to limit the understanding of AIDS to the purely medical. AIDS has become a political, historical and cultural phenomenon. Dennis Altman's *AIDS in the Mind of America* attempts to chronicle the events responsible for this phenomenon.

Altman describes AIDS as an extremely political disease, pointing to the characteristics of Western society of the 1980s which promoted this politicization. He traces this history up to the end of 1985.

According to Altman, modern medicine was thought to be so advanced as to render epidemics historical events. The 20th Century had seen several epidemics—influenza,syphilis, polio, cholera—and had also seen them conquered or at least controlled. AIDS has shaken faith in a medical system which offers few answers, and more importantly, no cure

The well demanded the government protect them from the unwell, through immigration screenings, quarantines and the allocation of funds for research for a cure. Despite the fact that studies have shown AIDS cannot be easily spread, the uninformed majority will not believe guarantees about the level of risk associated with AIDS.

The second factor that set AIDS apart as a political disease was the social status of the groups that were originally affected. According to Altman, AIDS is now being used as a tool by the New Right to undermine the achievements of the gay liberation movement.

Aids is presented as a "counter-revolution" to the sexual revolution of the 1960s and 1970s. The United States, which had been seen as the exporter of the gay lifestyle in the seventies, is now attributed with exporting AIDS in the 1980s by many foreign newspapers.

There are warnings in the book about the danger of the politicization of the disease, and repeated calls for public education.

Sex and Germs: the Politics of AIDS
by Cindy Patton

In this book, Patton introduces the element of psychology. She labels two modern neuroses as *Germophobia and Erotophobia*.

According to Patton, Germophobia, "the fear of germs–codified during the Lysol and plastic–packaged 1950s—verges on a national psychosis." Most of us are not completely comfortable with the fact that we live with microbes in our environment and on our bodies. We perceive ourselves to be pristine and free of germs. Faced with a virus like AIDS, we are unable to cope.

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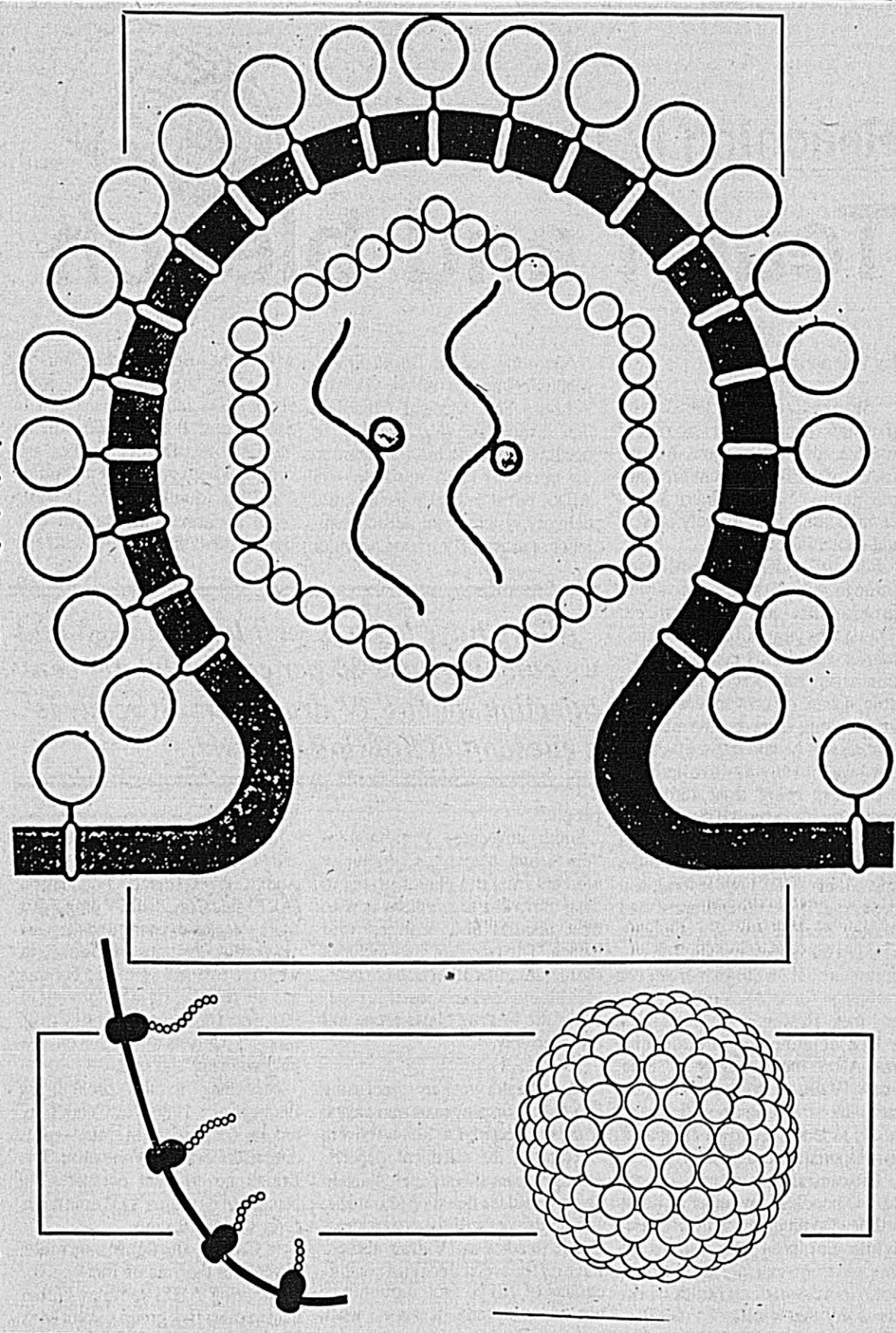
From virus to vaccine



The rapid and widespread increase of the AIDS virus has given a sense of urgency to the process of developing an AIDS vaccine. Despite such urgency, vaccination research has progressed at a slow rate. Problems stem from the complex technical and ethical aspects of AIDS vaccine research.

by Doris Hellstern

A vaccine is a preparation of disease-producing microorganisms. Vaccines stimulate the production of protective antibodies which fight against specific diseases. Vaccine preparation involves killing disease-producing micro-organisms or rendering them harmless through chemical alteration.

Sub-units of a virus can also be used as vaccines. Although these sub-units are not infectious, they can still stimulate the production of antibodies to fight against the complete virus.

The most effective sub-units of the virus are those exposed on the surface of the virus, the envelope glycoproteins. These glycoproteins must be made in large-enough quantities to be used as a vaccine. This can be done in several ways.

Large amounts of the virus can be grown and the envelope glycoproteins isolated, purified and used to vaccinate people. Genetically engineered cells can be made to produce virus sub-units in large quantities. Certain types of cells such as bacteria, yeast, as well as mammalian cells, can grow the glycoproteins not normally produced by introducing the genetic material of the envelope glycoproteins into these cells.

The gene which contains the envelope glycoproteins' genetic information can also be introduced into another virus (which does not cause disease to humans) by using recombinant DNA techniques.

A small piece of the glycoprotein can be synthesized chemically and the resulting synthetic peptides can still stimulate the production of antibodies. These antibodies can then react with complete envelope glycoproteins on the surface of virus particles.

Another approach is to make large quantities of anti-idiotype antibodies as a vaccine. Instead of using actual sub-units of the virus, this method uses antibodies to mimic the envelope glycoproteins and stimulate the production of antibodies that can react with the virus.

Problems with an AIDS vaccine

Despite all these techniques, an effective vaccine against AIDS has not been not been found. The high mutation rate of the AIDS virus is one factor slowing the progress of discovering a cure. Antibodies raised against one particular isolate of the virus are not necessarily protective against another isolate. Instead, combinations of different isolates must be used as a vaccine. No one knows the exact number of AIDS virus strains or the effective combination of these strains needed to produce a vaccine.

Parts of the AIDS virus, called conserved sequences, do not mutate or change as rapidly as the rest. These parts are being researched in order to limit the diversity or genetic variability of the virus.

Another problem with developing a vaccine is the duality the virus takes inside a patient's body. As a free virus, its infectivity can be neutralized by antibodies. But as a virus within an infected cell, it is not exposed to antibodies and can spread to uninfected cells directly by cell-to-cell contact.

Antibodies alone cannot eliminate virally infected cells. Another branch of the immune system, known as cell-mediated immunity, is made up of specialized white blood cells which can destroy virally-infected cells. An effective vaccine for AIDS must be able to stimulate the production of both antibodies and cell-mediated immunity.

Beyond the Technical Aspects

Once a candidate vaccine has been developed it usually passes through a number of *in vitro* , or biochemical, tests. *In vitro* tests do not necessarily represent what is going on inside the body of the AIDS patient.

Many researchers use the results of *in vitro* testing to justify the screening the vaccine in humans. But Donald burke, of the Walter Reed Army Medical Centre in Washington, D.C. said, "I have yet to see any convincing data that the ability of antibodies to neutralize the AIDS virus *in vitro* confers on them the virus *in vivo*.." After *in vitro* tests, the vaccine is then tested on experimental animals to evaluate its potential as a vaccine for humans.

The first phase of such clinical trials determines which antibodies are produced in response to vaccines in a small number of volunteers. The next step establishes proper doses and timing between doses. The selected vaccines are then tested for protective immunity against AIDS on a large-scale basis in human volunteers.

Human trials of AIDS vacciness are currently underway. In the fall of 1987, some one hundred Americans recieved injections of the first experimental AIDS vaccine in the United States.

Elsewhere, Dr. Daniel Zagury, from the Pierre and Marie Curie University in Paris, has also begun testing a candidate AIDS vaccine. He has injected himself as well as 12 Zairian volunteers with a vaccina (non-infectious) virus which contain protien from the AIDS virus.

Recipients of experimental vaccines produce antibodies that react with the AIDS virus. Volunteers recieving an experimental vaccine will test positive for AIDS virus infection. They receive notarized documents saying they have developed AIDS virus antibodies as a result of a vaccine trial, and not as a result of infection with the virus.

Such documents are intended to protect the vaccine volunteers from the discrimination that many AIDS victims face. Those who test positive for AIDS antibodies often run the risk of being fired from their job, denied health and life insurance, or prevented from studying or travelling abroad.

A problem with vaccine testing is preventing volunteers from contracting AIDS after being injected with the vaccine. A laboratory test known as the Western Blot can be used to distinguish between someone who has antibodies as a result of the vaccine and someone who was vaccinated and then became infected.

Another problem is deciding whom should be vaccinated. Traditionally, vaccines have been used to protect people before they are infected. But the AIDS virus is often latent for years in the patient before causing the disease. This long incubation period does not stimulate the immune system. Dr. Jonas Salk (who developed the Salk vaccine for polio) has proposed that people who have been infected be vaccinated before the virus is spread throughout the body. Another adverse effect of clinical trials is the potential for a vaccinated person to activate the disease out of its quiet, vaccine state.

Despite such problems, clinical testing is necessary to the process of vaccine development. Without adequate testing, a safe, reliable vaccine against the AIDS virus may never be developed. The ultimate test for any vaccine is the benifits it brings to the recipient.

... book

continued from page 12

Erotophobia is defined by Patton as the "terrifying, irrational reaction to the erotic, which makes individuals and society vulnerable to psychological and social control." These problems are seen as contributing factors in society's negative response to AIDS.

Both Altman and Patton offer examples of positive appraoches to the AIDS crisis. Support work for people who have AIDS and many education campaigns are initiated by volunteers. These volunteers perceive the injustice and cruelty of the anti-AIDS segments of society. They are people who are rarely mentioned in main-stream media.

Reaching IV users

Teach and bleach

by Eric Smith

Sharing needles is the activity that now has the greatest rate of increase of transmission. But the focus of AIDS prevention campaigns in North America has centred almost exclusively on sexual transmission.

Socially, AIDS is transmitted through activities associated with groups that are marginalized. Though the gay community has had relative success in making information about safe sex readily available, debate on how to reach intravenous drug users and the attitudes that should be taken towards them has hindered any positive action.

Little is being done either by governments or by AIDS organizations to stop this trend. Limited publicity campaigns against the spread of AIDS by federal and provincial governments are aimed almost exclusively at promoting safe sex for heterosexuals. The gay community is leading a more direct campaign for safe sex practices for gay men. However, there has been a lack of publicity in promoting anti-AIDS measures for IV drug users. IV drug users lack the organizational structure as well as the funds to lead their own campaign for responsible drug use.

The central debate over free access to needles is whether or not it will lead to an increase in drug use. While European applications of this program indicate that it does not, North American health workers worry that it will.

According to Dr. David Smith, Medical Director of the Haight-Ashbury Free Medical Clinics in San Fransisco, free access to needles will result in "a decrease in the mortality and morbidity of AIDS, but an increase in the rapid delivery system to the addict population, particularly among younger people."

All we have to do is wait long enough and we can also have 80 per cent or 90 per cent infection among IV drug users. It really is a question of how long we wait.

Smith advocates a method of "teach and bleach". Community workers from the clinics go out to drug users and teach them how to treat needles and seringes with bleach. The program also includes the message that addiction is a treatable illness "and it is possible to get out of the IV drug abuse scene and into recovery."

Many health workers reject using risk reduction programs that preach to those affected. Dr. Robert Niven, director of the chemical dependency program at Harper Hospital in Detroit said the question should be, "What impact will the provision of sterile needles to IV drug abusers have on the prevalence and complications of AIDS. Not, though it is not an irrelevant question, what will be the impact on drug abuse?"

IV drug users are concerned about AIDS and its transmission. In Switzerland, the AIDS Foundation has been distributing needles and condoms with government funding and "has found that the IV drug users are conscious about needle sharing, and they would read our leaflets."

James Rankin, head of medicine and physician-in-chief of Ontario's Addiction Research Foundation (ARF) said Canadian IV drug users share needles even though they are generally conscious of risks. "All we have to do is wait long enough and we can also have 80 percent or 90 percent infection among IV drug users. It really is a question of how long we wait," he said.

According to the preliminary findings of a 1986 New York City report, 60 percent of intravenous drug users tested HIV-positive. The British government estimates 50 percent of its nation's IV drug users carry the AIDS virus.

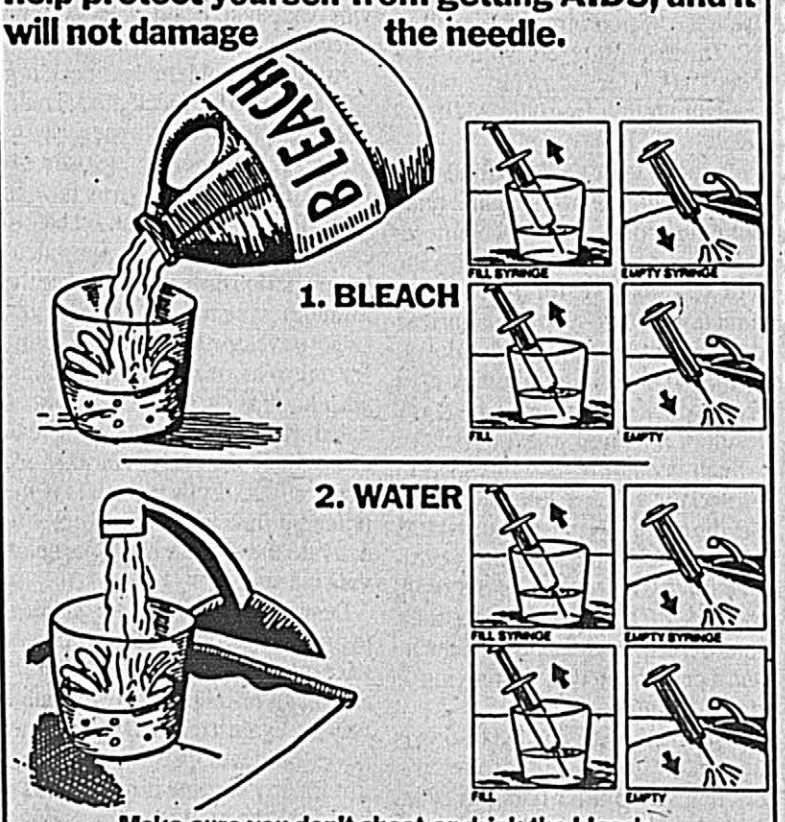
In Canada, the figures are much lower, but the rate of increase for contracting AIDS remains higher than in other risk groups. As of May 1986, 0.4 percent of AIDS cases in Canada could be traced to IV transmission compared to 16.9 percent in the U.S. The low Canadian figure is due largely to the fact that needles are more easily obtainable in Canada.

In Milan and other European cities, sero-prevalence shot up dramatically in a short time. According to Cate Hankins MD, a member of the Canadian National Advisory Committee on AIDS, cases in these cities were "exploding from about 5 percent to 50 percent in just two or three years."

A January 1986 study of IV drug users in treatment or in detention published by ARF's *The Journal*, revealed that 40 percent said they stopped sharing needles once they became aware of potential AIDS risks.

But Dr. Lori Karan, associate director of the Wyman Recovery Center of Johns Hopkins University in Baltimore, doesn't think AIDS education programs will significantly change the habits of IV drug users. "Sharing needles is not only a method of economy and convenience. It also fulfills psychological and emotional needs," she said.

Bleach kills the AIDS virus that gets into used needles. By cleaning them with bleach you will help protect yourself from getting AIDS, and it will not damage the needle.



Make sure you don't shoot or drink the bleach.

COMMITTEE OF CONCERNED SCHOLARS FORMS AT McGILL

A new, multidisciplinary organization, the McGill Committee of Concerned Scholars (CCS), is sponsoring a three-part public lecture series in February and March under the general title *"Universities, the Use of Knowledge and Human Survival."* The purpose of the series is to consider both pragmatically and philosophically the University's role within society.

The first lecture will be given by former B.C. premier Dave Barrett, who is a Visiting Scholar at McGill this winter. The title of his talk, to be delivered on Monday February 15 at 4:00 p.m. in Leacock 232, is *"Universities, Social Priorities and Political Realities."* Everyone interested is urged to attend.

At 8:00 p.m. in the evening on February 15, the Committee of Concerned Scholars will meet in closed session with Mr. Barrett in the Arts Council Room.

Further information can be obtained from CCS secretary, Professor Darko Suvin, at 398-6571.

Ads may be placed through the Daily business office, room B-17, Student Union Building, 9am - 3pm. Deadline is 2pm two weekdays prior to date of publication.

McGill students: $3.00 per day; $7.00 for 3 consecutive days; $2.00 per day for more than 3 consecutive days. McGill faculty and staff: $4.00 per day. *Exact change only, please.* Boxed ads are available at the cost of $4.00 per ad / per day — no discounts on boxing.

The Daily assumes no financial responsibility for errors, or damage due to errors. Ad will re-appear free of charge upon request if information is incorrect due to our error. The Daily reserves the right not to print any classified ad.

341 -- APTS., ROOMS, HOUSING

Invest now. Beautifully renovated condo, 1-2-3 bedrooms, garage, in the McGill Ghetto $150,000 and up. Call Marie-Josée Larue, Montreal Trust broker 483-2177, 934-1818.

Sublet 3 1/2 by Guy metro completely furnished ["Ikea"]. Queen size bed. May 1 - Aug 31, $435 per month. 939-9562.

343 -- MOVERS

Student movers will help you move at a reasonable cost. Local and long distance. Equipped, storage, insured. Weekly Toronto trips. Call Turan at 747-2222.

350 -- JOBS

Photographer requires attractive female models for glamour, topless and nude figure studies.

♥♡ ♥VALENTINE CLASSIFIEDS ♥♡♥

Happy Valentines to the two most sweetest girls I know, Dina and Marie-Claude. Love, Mustafa.

To all three of you girls Mélin, Gaelle and Amira, I offer myself as your Valentine [body and heart]. Bringing excitement to your lives. Love, Hussein.

To a sweet girl Laurie H, happy Valentine, I wish you could home me in your arms and let me be your Valentine. Love, admirer.

Be my Valentine?? MAT lady in counselling service -- your legs walked away with my heart, your eyes melted my heart -- your voice soothed my fear -- how can I meet/love you? Maybe I'll come again!

Dearest LI-Hsien, Lean and Albertine, Happy Valentine's Day! I think you guys are the prettiest, sexiest, and most interesting people in the whole world! Or at least the immediate vicinity. Thanks for everything including not letting me sleep nights. Love you, Michael.

Dear Philip: Although you might raise my blood pressure severly at times, you're still a sweetie-pie! Thanx for being there when I needed you... Happy Valentine's Day! Love, Tereasa.

LI-hsien, A dearest friend art thou/Like a perennial blossom/A beauteous gift behold/Of scented joy and eye delight/Happy memories to last. P.M.C.

Valentine wanted! 2-some looking for a 3rd. Beginners welcome. Call G.C. at 848-0123 or Chris at 848-0574. We're into jello.

Banneannea: Now everyone will know I left your room with my pants off. Love you, Snookums.

Aleesarii: My favourite pushover.../No, just kidding. Thanx for being my BMH. A better, funnier friend I couldn't hope to crash anywhere. Lots of love, Rob.

Gaylie: Since I got this free, it's a whole valentine. If I had to pay, it would only be half. Your roomie.

Cathy: Cough, cough, cha cha cha... Don't wait for hours next time you're sick. Just let me be your first aid kit. Lots of love. Rob.

Steffy: Helen Reddy had the right idea [I am woman, hear me roar?] Here's to more peacenik nights with Janis & Aretha! Love you, Sooz.

Kim: Cut your hair!!! Just kidding... Lots of love, Rob.

Kristina: Happy Valentine's Day -- hope you get what you're lookin' for! Love, Susie.

Patti: Forget him. Dance with me. I'm circumcised too. Lots of love, Me.

Marion: What's your younger sister's phone #? Your good, good "friend". Lots of love, Rob.

Peter: Be my valentine -- you may as well. Day-glo bus and Austin Texas and lots of chocolate. Don't forget the guitar. XOXO.

Steph: Be mine. XOXOXO Elizabeth.

Kate: Don't get the Union Blues. Never forget the hitching and the truckers. Happy Valentine's Day. Love, Elizabeth.

CMKL: Happy VD from your remaining two angels.

Colin: Pink or red underwear for Valentine's Day? Waiting for a reply.

Sooozie: Underwear? A bourgeois affectation. Colin.

Chris Lawson: If only you would get sick of those sneakers! Happy VD from the Frank Sinatra Fan Club.

KAF! VD! SKL!

Ian Pringle: Go for a walk!!! Food!!! Dinner!!! Walk!!! (Drool, pant, roll-over, look mournful). Love, Ballantine.

Egg - Riki, Chuck & Pip: Put this one on your wall. Happy Valentine. Your fave hunka hunka burnin' luv.

Fraser: Has anyone told you (lately) that you look like Stu Jefferies?

Happy Valentine's Day to all *Daily* newswriters. Love, Stephanie.

Mike Shea: You're the freshest. Love, Fly Girl.

Slug King: -- all abooooaard! Happy Valentine's Day. XOXO Slug Queen.

Pierre Tordjman: Happy Unbirthday (I just had to be original). History sucks. Guess who

LIzLizLizLizLizLizLizLizLizZil, XO. SKL

Happy Valentine's Day Colin. Thanks for the last minute typin! Thanks for life. Thanks for love. Thanks for God. Thanks for bald men who grow their hair long on one side and comb it over the top.

Ken Monteith (aka "Baked Goods"): May all your accountants be well-charted. Colin.

Pierre: Justin wants to send you a Valentine, but he can't think of anything appropriate.

Kirsten: To heck with all this mushy stuff. Let's celebrate lust. Colin.

Personality more important than previous experience. Call Ken after 7pm at 683-7881.

Summer jobs -- tree planting in BC. If you are fit and willing to work hard, you can make over $100/day. Call Ian; 289-9637.

Resort hotels, cruiselines, airlines and amusement parks now accepting applications for summer jobs, internships and career positions. For information and application; write National Collegiate Recreation, PO Box 8074 Hilton Head Island, SC 29938.

CAMP MAROMAC, a Children's Resident Summer Camp requires staff for the following positions from July 1, 1988 to August 14, 1988: Counsellors, Instructors for: Swimming, Sailing, Sailboarding, Canoeing, Waterskiing, Ski Boat Driver, Tennis, Land Sports, Gymnastics, Computers, Music, Aerobics. Assistant Waterfront Director. Registered Nurses, Nurses' Aides, Secretaries, Assistant Food Service Manager, Waitresses, Assistant Cooks, Potwashers, Canteen Manager, General Maintenance. Excellent salary and working conditions. Call between 9:00am and 5:00pm - 933-4836.

352 -- HELP WANTED

Part-time work. Direct telemarketing for a financial service (insurance). Daytime work. Flexible hours. $6/hour. Call after 6pm at 738-0255.

Part-time bronze sailing instructor to give private lessons on a 22 foot sloop on Lake St-Louis this spring and summer. Call 695-7605.

Work aborad. Permanent, temporary, or working holidays. Send 37¢ stamp for Total Jobsearch Catalogue. Mr. Information, Box 955-656, Ganges, BC. V0S 1E0

354 — TYPING SERVICES

Typing Services: English — resumés, $5.00; letters, $2.00; term papers and essays, $1.25/page double-spaced for students. Rachel 933-0078 days & evenings. Near McGill.

One-day service. B.Commerce background. Editing if required. Quality work. Error-free. Improved final grade guaranteed. Skilled with words. Electronic Memorywriter. Academic papers, CVs, theses. 340-9470.

Typing, word processing and translation services. Repeat letters, labels, manuscripts, CVs, theses, term papers, etc [$1.50 d.s.] 7 days/week, a stone's throw from McGill. Mrs. C. Frenette [844-9817].

Word processing of handwritten term papers, resumés, repetitive letters, manuscripts. Transcription of regular cassettes or mini-cassettes. NDG Typing, 482-1512.

Word processing [Lougheed]: Professional and courteous service. Laser printer. Theses, papers, resumés, multiple letters. Student rates [schoolwork only]. Downtown area. 934-1455 [8h30 - 19h30 only].

Theses, term papers, resumés, 19 years experience. Rapid service. 7 days a week. $1.50/double-spaced. IBM [2 minutes from McGill campus]. Translation in both languages. Mrs. Paulette Vigneault, 288-9638.

Result resumés -- 14 year proven job finder. Quality IBM word processing/print, in-depth consulting, free sample. Also student paper specialist: tutoring, editing, consulting, typing. 488-5694.

Typing serives - term papers, theses, resumés fast and efficient. 7 days a week. French and English. $1.50/double -spaced, next to McGill. Call Roxanne 288-0016 or 765-9804.

Professional typing. Theses, term papers, curriculum vitae, etc. APA; Tarabian styles. Experienced. IBM Selectric II. $1.25 per page. 631-3222.

Wordprocessing IBM PC. Thesis, term papers, CVs, letters, done with letter quality printer. Call anytime 989-9628.

Bilingual professional services. Resumes, cover letters, translations, editing, typing [theses] etc. [Special student rates]. Also private typihg courses. Reasonable rates. 342-8197 8:30am to 5pm; 472-4621 evenings, weekends.

West Island typing. Professional word processing on IBM PC. Pick-up and delivery for $25 and up, downtown. Discount on $25 and more. Debbie 697-7946.

Professional word processing by B.Sc. Thesis, curriculum vitae, scientific texts, etcetera. Tired of rewriting your papers so that your typist can read them??? Find out about dictation on tape cassette. Student discount. Please call Lisa 487-5174.

356 -- SERVICES OFFERED

Plants of all kinds -- sale, rental, maintenance -- for office or outdoors. Call Alex the landscaping specialist for consultation 389-7270, 324-3794.

Ideal weight... what's yours? Includes fat fold measurements plus enjoyable exercise prescription. Rick Blatter, Health & Fitness Consultant. Office Hours: Saturday mornings 05h30 to 13h30, 625-1352.

Losing perspective? Down-to-earth astrological counsel. Anne Harper Dewey, consulting astrologer 271-0858.

361 -- ARTICLES FOR SALE

Plane ticket return Mtl-Vancouver Feb 18-March 1. $290 or best offer. 457-3992.

Club Med Cancun -- Feb 20 to 27 - must sell. Paid $1665. Negotiable. I will pay transfer fee. Please call 747-4503. Leave message.

Sting concert tickets for sale. 637-6562.

Leather bomber jacket: men's 44, dark brown, soft, beautiful, extremely warm, bought new at Christmas for $200 American - too big - sell for $180 Canadian. 848-0023 [Tom].

Stereo for sale: tuner, amp, speakers, cassette deck, excellent turntable. Moderate sound, good condition, great price [$250]. Ask for Rob: 270-4599.

365 -- WANTED TO BUY

Wanting to buy albums/tapes of Elvis Presley, in good playing condition. Price(s) to be discussed. Contact David at 398-3772 9:10 to 12:25, 1:45 to 4:30, Monday to Friday.

370 -- RIDES

Dartmouth winter carnival: road-tripping to Hanover for this gala hoopla? Do you have room for 2 more (Feb 11-14). Call 398-9485. Thanks!

372 -- LOST & FOUND

LOST or stolen - at Detour on Thursday, Feb. 4: Roots saddle bag, natural leather. Reward if returned. No questions asked. 286-9677.

FOUND -- a long, silver earring with a black stone in the middle. Near Arts Building. 848-0452 evenings.

FOUND -- Platonic form of the term "process". Object found in the Daily office following a staff meeting. It's getting in the way, would the owner please come forward and claim it.

LOST -- brown fur hat - sentimental value - reward - no questions asked. Please phone 281-6621.

LOST -- or stolen from Northern Studies Library on Monday, Feb 8, a small black and white silk scarf. Sentimental value, reward offered. If found please call 848-1837.

374 -- PERSONAL

McGill Nightline.... Listening, information and referrals... till the wee hours of the morning. 7 days a week 6pm till 3am. 398-6246.

Gay or lesbian? Need to talk? Peer counselling offered in Union 417, Monday to Thursday, from 19h00 to 22h00 or call GALOM at 398-6822.

Valentine's Day special: send your sweetheart a dozen assorted carnations (red, white and pink). Free delivery on Valentine's Day. Only $15. Roses available. Call Gregg 747-6084, leave message.

To the person who was caught cheating in the Statistics 189-203A final exam: they took down the information from my card, not yours. While you get off scot-free, I am entrenched in my last-chance hearing. Please call Dean Perrer or myself before Thrusday and set this situation straight [848-0646].

Runner, female, averaging 60 minute runs, 4-5 times per week seeks similar female to run with in safety. PO Box 183, Station NDG. H4A 3P5.

Men needed urgently for Valentine's Party Feb. 11. Call Laurie between 9-12am at 762-0372.

In a Valentine frame of mind? Don't despair, Valentine movie week -- see romantic classics everyday this week. Gert's 4-6pm. Free. Sponsored by Programming Network and Avenue Video.

Guys, Guys!! Fashion contest: Ca$h prizes, grand prize - free trip to Europe. Call 861-0334 or 939-9552.

Free money/beer/prizes -- at Redmen hockey games this weekend! Friday 7:30pm vs Toronto Blues on Blues Borthers Night with prizes for best costumes. Saturday, 5pm vs York Yeomen on fan appreciation night.

Congratulations to all the delegates to the Princeton UN. Great job. Thanks for a super time. From Elizabeth.

Worried about getting no Valentine? Share your fears with McGill Nightline... A friendly ear in the night... 398-6246.

Gais et lesbiennes de 25 ans et moins, la filière française de 'jeunesse Lambda' t'invite à jaser, tous les vendredis 19h30 à la salle "La mi-temps", CLSC Centre-Ville, rue Bleuri, angle Ste-Catherine.

Attractive thin young independent normal McGill male seeking female friend with same to go dancing on week-end. Daniel 351-8873.

383 -- LESSONS OFFERED

Learn a new language, swap your mother tongue! Reciprocal conversation lessons: French, Spanish, English, Italian, etc. The Troctel/Troc-Langues cross-cultural network, 272-8048.

385 -- NOTICES

Party with McGill Women's Rugby Cheeeap beer and shooters all night (8pm-3am) at Kicks Bar, 2051 Montagne, this Thrusday, Feb 11.

Questions concerning birth control? Women's Union Birth Control Co-op, Union 423. Tuesdays and Thrusdays - afternoons, Jennifer or Jacqueline. Condoms, foam, gel and diaphragms available.

You don't have to be graduating to have a good time at the 1988 ASUS Graduation Ball, Saturday, March 12 at the Sheraton. More later.

387 --VOLUNTEERS

Allergic to: house dust, dogs, cats? New medication is being studied. Interested persons call: Dr. J. DelCarpio, Royal Victoria Hospital, 842-1231, local 5647.

OBITUARY

Mark Littner

Mr. Mark Littner was born in Montreal on January 27, 1962. He graduated from Wager High School in June 1979 and was accepted at Vanier College. While at Vanier he followed the Health Sciences Profile and received his Diploma in Collegial Studies in December 1981. Mark was subsequently admitted to the Faculty Program in Physiology at McGill University in January 1982 and received his Bachelor of Science Degree in 1986. Subsequently, he was accepted to the Faculty of Dentistry at McGill University, and successfully completed the First Year of the program in June 1987. At the time of his death, Mark was a student in good standing in the Second Year of the program.

Mark's extracurricular activities in college and at university were oil painting, sculpturing, drawing, weight training, skiing, karate, and tennis. During his summer vacations, he worked at the Royal Victoria Hospital in the Cardiology Department, and at the A&G Dental Laboratory and as a fitness instructor.

BOWL-A-THON FOR ETHIOPIAN JEWRY

Proceeds from this event will go to support projects in Ethiopia and Israel

OUR PEOPLE NEED OUR HELP!

Join us on:

Sunday, February 21/1988
9:30 a.m. - 11:30 a.m.
Pare Lanes, 5250 Decarie

If you have $15.00 or more in pledges, Hillel will pay for your game.

Prizes donated by: The Montreal Canadians, Dunkin' Donuts, The Centaur Theater, Cineplex Odeon, Donald K. Donald

Please call Mark or Steven at 845-9171 to confirm your participation. This will help to insure the success of the event.

Organized by the HILLEL TASK FORCE FOR ETHIOPIAN JEWRY

events

Today
Gays and Lesbians of McGill: Beer bash. 16h00-19h00, Union 302.
AIDS Awareness Week: Panel discussion on AIDS with a doctor, a Person With AIDS, an AIDS 'buddy', and a theologian. 19h30 Leacock 26. Also AIDS info in Union 107-108, 10h00-16h00, all week.
Theatresports: improvisational comedy. 22h30, Player's Theatre, Union Building third floor.
Valentine Movie Week: *Gone with the Wind Part II*. 16h00, Gert's, Union Building.
Kappa Kappa Gamma: carnation sale for Childfind. Bronfman: 10h30-15h00.
Department of Sociology: Professor Mary Brinton, University of Chicago to speak on "Women in the Japanese Economy." 15h00, Arts Council Room 160.
Faculty of Arts: Maxwell Cummings Lecture. Professor Susan Strange and Montague Burton, professor of International Relations London School of Economics to speak on "The Crash of 1987: Causes and Consequences." 15h00, Leacock 424.
Humanistic Studies Students: Sangria Party. 15h30, Union 425.
Undergraduate Library: Term Paper Research Workshops. 13h00-14h00, 17h00-18h00, Redpath Library reference desk.

Friday
Aids Awareness Week: Info on AIDS. Get the facts. 10h00-16h00, Union 107-108.
Poetry Reading: Rodney Hall, Australian poet. 16h00, Arts 350.
Undergraduate Library: Term Paper Research Workshops. 13h00-14h00, 17h00-18h00, Redpath Library reference desk.
Department of Psychology: Dr Andy Baker to speak on "Some Systems that Judge Causes: An Evolutionary Analysis of Causal Reasoning." 16h00, Stewart Biology 4/12.
Caribbean Students' Society: General meeting and presentation on Jamaica. 18h00, Union B-09.
Kappa Kappa Gamma: carnation sale for Childfind, 11h00-16h00, Union Building..
CKUT reborn science show, *Soundings*, meeting at 17h00 in Union B-03.
Theatresports: improvisational comedy. 22h30, Player's Theatre.
McGill Christian Fellowship: Amar Jabala to speak on "Christians and their responsibility to Muslims". 19h00, Leacock 232.
Muslim Students Association: Friday Prayer. 13h15, Union rm TBA.
Post-Forum: initial gathering for follow-up on forum on non-sexist language. 15hoo, Women's Union.